

WEST VIRGINIA BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSING

APPLICATION FOR A NEW NURSING EDUCATION PROGRAM

_____ WV Legislative Rule §19-1-4. _____

**Application Fee for Legal Accreditation: \$50.00 Check Must Accompany This
Application Form**

1. Name of Agency or Institution: _____
2. Name of controlling body of the school: _____
3. Name of chief administrative officer: _____
4. Address: _____

5. Phone: _____
6. Counties to be served: _____

7. Anticipated starting date: _____
8. Approximate number of students to be admitted: _____

9. Requirements for Admission, Selection, Promotion, and Graduation of students:
Describe or attach policies.

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10. Health Service to Students: (Include practices to be followed in safeguarding the health and well-being of students.)

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11. Housing for students: Describe briefly.

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12. *Source of funding: _____
*Complete proposed budget form enclosed.

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13. Describe classroom , office space, and clinical conference room space available for use. Include size and location of space and other resources for teaching or practice:

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14. Library Facility: Describe size, location, seating capacity, supervision, library hours, number of individual titles, and number of periodicals. Include information regarding library facilities available to students in clinical practice areas.

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15. Potential employers in area and projected number of RN's needed over the next three (3) years:

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16. Does your new program plan to utilize preceptors for clinical learning experiences? _____ Yes _____ No
(Preceptors must have a Baccalaureate degree with a major in nursing)

17. What plan will be followed for the systematic evaluation of all aspects of the school: its educational program, faculty performance and developmental progress of students during the course of their learning experience?

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18. Complete and attach to this document a faculty qualification sheet and CV for the program director and for each faculty member who will be teaching in this new program.

19. Complete and attach to this document a clinical facility form for each clinical agency that will be used for clinical experiences for this new program.

20. Complete and submit with this document, a comprehensive needs assessment establishing the need for a new professional nursing program preparing graduates for initial licensure. The needs assessment shall provide support to show that clinical resources are available and adequate for providing clinical instruction to students; faculty resources are available, and clear documentation of the need for graduates prepared at the proposed level. Include in this document, potential strengths and probable problem areas in the program.
21. Submit with this document, one (1) copy of the proposed curriculum and one (1) copy of catalog for Board review. Include philosophy, objectives, courses, hours and placement.

Signature_____

Title_____

Date_____

Subscribed and sworn to before me this ____ day of _____, ____

My commission expires on the ____ day of _____, ____

Signature_____

Notary Public in and for _____ County,

State of _____

(Seal)